

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TS</i>		<i>10/25/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AW</i>	<i>72346</i>	<i>11-9-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/18/02
2	✓	✓	2/21/02
3	✓	✓	3/14/03
4	✓	✓	3/25/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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